

Fill in this information to identify the case:

Debtor 1 FELIX GIRASAKI  
 First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of New York

Case number: 20-70284

RECEIVED/MR  
 2023 APR 18 A 9:44  
 U.S. BANKRUPTCY COURT  
 EASTERN DISTRICT OF  
 NEW YORK

**Form 1340 (12/19)****APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS****1. Claim Information**

For the benefit of the Claimant(s)<sup>1</sup> named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	\$20,925
Claimant's Name:	FELIX GIRASAKI
Claimant's Current Mailing Address, Telephone Number, and Email Address:	FELIX GIRASAKI 28 McLoughlin Street Glen Cove NY 11542 347-228-1788 felixgirasakisaki88@gmail.com

**2. Applicant Information**

Applicant<sup>2</sup> represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☒ Applicant is the Claimant and is the Owner of Record<sup>3</sup> entitled to the unclaimed funds appearing on the records of the court.
- ☐ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

**3. Supporting Documentation** (*Check statement that applies*)

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

<sup>1</sup> The Claimant is the party entitled to the unclaimed funds.

<sup>2</sup> The Applicant is the party filing the application. The Applicant and Claimant may be the same.

<sup>3</sup> The Owner of Record is the original payee.

**4. Notice to United States Attorney (Check statement that applies)**

- ☒ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney  
 Eastern District of New York  
 271-A Cadman Plaza East  
 Brooklyn, NY 11201

**5. Applicant Declaration**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 4/11/2023

*Felix Girasaki*  
 Signature of Applicant

FELIX GIRASAKI  
 Printed Name of Applicant

Address: 28 McLoughlin Street  
 Glen Cove NY 11542

Telephone: 347-228-1788

Email: felixgirasakisaki88@gmail.com

**5. Co-Applicant Declaration (if applicable)**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Co-Applicant (if applicable)

\_\_\_\_\_  
 Printed Name of Co-Applicant (if applicable)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**6. Notarization**

STATE OF New York

COUNTY OF Nassau

This Application for Unclaimed Funds, dated 4/12/2023 was subscribed and sworn to before me this 12th day of April, 2023 by

FELIX GIRASAKI  
 who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to within the instrument. WITNESS my hand and official seal.

(SEAL) Notary Public *Bradley P. Weiss*

**BRADLEY P. WEISS**  
 Notary Public, State of New York  
 Registration No. 01WE5017524  
 Qualified in Suffolk County  
 Commission Expires Sept. 7, 2025

My commission expires: 9/7/2025

**6. Notarization**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This Application for Unclaimed Funds, dated \_\_\_\_\_ was subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

\_\_\_\_\_  
 who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to within the instrument. WITNESS my hand and official seal.

(SEAL) Notary Public \_\_\_\_\_

My commission expires: \_\_\_\_\_